

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		5-4-00
O.I.P.E. CLASSIFIER			5-10-00
FORMALITY REVIEW	LH	60105	7-11-00
RESPONSE FORMALITY REVIEW	LH	60105	8-8-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
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13	✓	✓	7-11-00
14	✓	✓	7-11-00
15			
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18	✓	✓	7-11-00
19	✓	✓	7-11-00
20	✓	✓	7-11-00
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29	✓	✓	7-11-00
30	✓	✓	7-11-00
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Claim	Final	Original	Date
51	✓	6/2/03	6/2/03
52	✓	✓	7-11-00
53	✓	✓	7-11-00
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58	✓	✓	✓
59	✓	✓	✓
60	✓	✓	✓
61	✓	✓	✓
62	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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